

Idaho Health Plan Coverage

A Benefits Guide to Medicaid & CHIP



Idaho
Medicaid
Card

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IDAHO DEPARTMENT OF
HEALTH & WELFARE



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Idaho Health Plan Coverage

Prevention, Wellness, and Responsibility

Idaho cares that you get the health coverage that meets your needs. Whether you're covered through the Children's Health Insurance Program (CHIP) or Medicaid, Idaho's public health plans are designed to meet your health care needs.

These plans do more to help you improve your overall health, find new health issues early, and manage your current health issues.

People are different, and so are their health care needs. Idaho offers three different benefit plans to meet different healthcare needs:

The Basic Plan is for low-income children and adults with eligible dependent children. This plan provides health, prevention, and wellness benefits for children and adults who don't have special health needs. Most participants will be in this benefit plan.

The Enhanced Plan is for individuals with disabilities or special health needs. This plan has all the benefits of the Basic Plan, plus additional benefits.

The Medicare-Medicaid Coordinated Plan is for individuals who are eligible for both Medicaid and Medicare. The Department of Health and Welfare has partnered with insurance companies to provide coordinated health coverage between Medicare Part A, Part B, Part D, and Medicaid through Medicare Advantage plans. There is no cost to you when you

follow the plan regulations. Medicare Part D might still require you to pay a co-payment depending on your income level.

The benefits you get are based on your health needs. When you apply, we'll ask about your current health conditions and needs.

If you're enrolled in the Basic Plan and your health changes, you might need to get an assessment to find out if you should be placed in the Enhanced Plan.

Beginning September 1, 2013, people enrolled in the Basic or the Enhanced Plans will be automatically enrolled in the Idaho Behavioral Health Plan (IBHP). This plan is used for outpatient behavioral health services (such as mental health counseling or substance use disorder services) that are provided by Optum Idaho, a managed care company contracted by Idaho Medicaid.

See pages 8 to 14 in this booklet for more information about the Basic Plan, the Enhanced Plan, The Medicare-Medicaid Coordinated Plan, and the Idaho Behavioral Health Plan.

It's important to use your health services wisely. Idaho cares about helping you improve your health, find new health issues early, and manage your current health issues. You can help by making healthy choices in order to stay well and make your health plan work for you.

To get more details, please visit:
www.healthandwelfare.idaho.gov
(click on "medical" then "Medicaid").



Important Numbers

The first time you're found eligible for Idaho health insurance coverage, you'll receive a permanent identification (ID) card with your ID number on it. This number identifies you for health plan coverage. More information about the ID card is on page 24.

For information, or to find out about the status of your application for health plan coverage for families with children, call the Family Medicaid Unit toll free at (866) 326-2485.

For information about nursing home assistance or the status of your application for nursing home coverage, call the Long Term Care Unit toll free at (866) 255-1190.

If you're over 65, receiving Social Security benefits due to disability, or if you're applying for Medicaid for an elderly person with a disability, please call the customer service line toll free at (877) 456-1233.

To find a doctor in your area or change doctors, contact Healthy Connections. The Healthy Connections office numbers are listed on page 31.

To find an Idaho Behavioral Health Plan (IBHP) provider, contact Optum Idaho at (855) 202-0973.

For information about dental coverage or to find a dentist in your area, contact Idaho Smiles at (800) 936-0978 or visit their Web site at www.dentaquestgov.com.

To get help with other services in the Department of Health and Welfare, call the Idaho CareLine (2-1-1 or (800) 926-2588) or call (877) 456-1233.



If you have questions about your covered services, please call the participant line at (866) 686-4752.

Reasons you might call the participant line are:

- If a doctor or medical service reports you to a collection agency or if you get a bill that you think your health plan should pay.
- If you want to know if a service needs a Healthy Connections referral or prior authorization.
- If you need to know if an item or service is covered.



Don't call the participant line for eligibility questions; instead contact the customer service line toll free at (877) 456-1233.

How Do I Apply for Health Plan Coverage?

Applying

To get Idaho Health Plan coverage through Medicaid or CHIP, you must complete an application. You can do this in several ways:

- Go to www.yourhealthidaho.gov.
- Go to www.healthandwelfare.idaho.gov.
- Call the Idaho CareLine (2-1-1 or (800) 926-2588) and request an application.
- Call the customer service line toll free at (877) 456-1233 to apply over the phone.

Help completing your application

- Ask for the application in English or Spanish.
- Ask for an interpreter to help you. This help is free.
- Have a friend or relative help you. Parents and guardians can apply for their children.

Turning in your application

- Fax your application to (208) 334-6912.
- Email your application to mybenefits@dhw.idaho.gov.
- Mail your application to:
Department of Health and Welfare
PO Box 83720
Boise, ID 83720
- If you are applying for help with nursing home costs, fax or mail your application to the Long Term Care Unit (*see page 32 for contact information*).

After you turn in your application, your case will be assigned to a Self Reliance Specialist who will check to see if you're eligible. Sometimes more information is needed. You might get a phone call or letter asking for more information, so it's important for you to tell us if your address or phone number changes. You should report changes to the office where you applied for coverage or call us toll free at **(866) 326-2485** or **(877) 456-1233**.

You will be sent a letter within 45 days after you turn in your application telling you if you're eligible for health plan coverage. If you're eligible, you'll receive an ID card within two weeks unless you have received an ID card before. *See page 24 to learn more about your ID card.*

If you have questions about your application, you can call (877) 456-1233.

Your Responsibilities

You're responsible for providing true and complete information about your circumstances.

This includes your income, the size of your family, your current address, and other information that helps the Department of Health and Welfare decide whether you should continue to be eligible for health plan coverage.

You're responsible for reporting changes in your circumstances.

If your income, resources, living arrangements, family size, or other circumstances change, it can affect your eligibility. Each program has different reporting requirements. It's your responsibility to let your local Health and Welfare office know about these changes. If you have private health care insurance and your coverage under that policy changes, you need to let your local Health and Welfare office know (*see page 32 for more information*).

You're responsible for paying for care that requires a Healthy Connections referral if you don't get a referral before receiving the care.

Once you are approved for coverage you will receive a letter to select your choice of primary care provider. You may also complete a Healthy Connections enrollment form at your primary care clinic. If you don't choose, a primary care doctor will be assigned to you.

Your Healthy Connections primary care doctor must know about any health conditions you might have in order to make necessary referrals for your care. Your primary care doctor might not make referrals if you've never been seen in that office or it's been a while since you were last seen. It's your responsibility to call your Healthy Connections primary care doctor and ask if you need to be seen before a referral can be made. Your health plan won't pay for most services without a referral.

You're responsible for making sure you're accessing care from an Idaho Medicaid Provider.

Whether you receive care in Idaho or in another state, Idaho Medicaid won't cover the services you receive if the provider isn't an Idaho Medicaid provider. It's your responsibility to ask if the provider you're receiving services from is an Idaho Medicaid provider. Idaho Behavioral Health providers who are enrolled in the Optum Idaho provider network can provide Idaho Behavioral Plan services.

Cost Sharing

Co-Payments

You might be required to pay for some of the costs of your Medicaid insurance coverage through co-payments and premium payments.

Medicaid providers might charge a co-payment for some routine, non-emergency services. These include:

- Using the emergency room when it's not an emergency
- Using emergency medical transportation when it's not an emergency
- Chiropractic care
- Occupational therapy
- Optometry
- Physical therapy
- Podiatry
- Speech therapy
- Doctor visits

NOTE: If a doctor decides you need emergency treatment, you won't have to pay a co-payment for any of the services that are used during that treatment.

If you're on the Aged and Disabled Waiver or the Developmental Disability Waiver, you might be required to pay a share of cost in the form of a co-payment for the services you receive under the waivers.

Your co-payment amount will depend on your age, your income, and other factors. Medicaid will let you know if you're required to pay a co-payment and how much you'll have to pay.

Premiums

You might also have to pay a premium:

- If your child is placed on the Basic Plan (\$0, \$10, or \$15 a month, based on your income)
- If your child qualifies for the Home Care for Certain Disabled Children Program (Katie Beckett). Medicaid will send you a letter with a suggested, voluntary premium amount that is based on your income. If you're unable to pay the premium amount, your child's Medicaid eligibility won't be affected.



Medicaid or Medicare, What's the Difference?

People sometimes confuse Medicaid and Medicare. They are not the same.

Medicaid

Medicaid is a state program you might qualify for if your income is low and you match one of these descriptions:

- You're pregnant.
- You're a child or a teenager.
- You're an adult with an eligible child.
- You have a disability.
- You're age 65 or older.
- You're blind.
- You need nursing home care.
- You need long-term care services and supports at home or in the community.
- You were in foster care on the day you turned 18.

If you or someone in your family needs health care, you should apply for Medicaid even if you aren't sure you qualify. Some income and resources aren't counted when determining your eligibility. For example, owning your home might not stop you from getting Medicaid.

Medicare

Medicare is a federal program that provides health coverage if you match one of these descriptions:

- You're age 65 or older.
- You're any age and have kidney failure or a long-term kidney disease.
- You have a total permanent disability.

Some people qualify for both Medicaid and Medicare. If you qualify for both, you'll receive all Medicaid covered services even if Medicare doesn't cover the services. If you're eligible for Medicare, you must have it or apply for it to receive Medicaid.

Some people who don't qualify for regular Medicaid are eligible for Qualified Medicare Beneficiary programs where Medicaid helps pay for Medicare costs including:

- Monthly Medicare premiums
- Co-insurance
- Deductibles



For information about Medicare prescription drug coverage, log onto www.medicare.gov.

For more information about Medicare, call (800) 633-4227.

Which Plan Is Right for Me?

It's always a good idea to ask your primary care doctor or pharmacist if your health plan covers the service or item you need.

There are some limits to these services, and some might require you or your primary care doctor to get prior authorization from the Medicaid Division first. *See page 26 for more information about prior authorizations.*

Some services are only covered in the Enhanced Plan. If you're in the Basic Plan and your health changes, you might need to get an assessment to see if you should change to the Enhanced Plan and get additional services. Idaho Behavioral Health Plan services are available to you if you're on the Basic or the Enhanced Plan.

The Basic Plan

The Basic Plan includes all of the preventive services recommended by the United States Preventive Task Force including the following prevention benefits to help you stay healthy:

Annual physical – adults

- Limited to once every 12 months.
- One screening mammogram per year for women over age 40.

Well-child checks

- Head-to-toe physical and developmental check-up. The number of well-child checks that a child needs each year depends on the child's age. All check-ups recommended by the American Academy of Pediatrics are covered.



Help your child stay healthy

Make sure your children get well-child checks

It's just as important to take your children for well-child checks as it is to take them to the doctor when they're sick.

Idaho health plans can cover medically necessary services that your doctor orders under Early Periodic Screening, Diagnosis and Treatment (EPSDT). See page 16 for more information on EPSDT services.

You'll receive letters to remind you to schedule well-child checks. Wellness services for children through Idaho health plans are always free of charge.

Which Plan Is Right for Me?

Continued

Immunizations

Provided in a doctor's office, a free clinic, or through your local District Health Department.

Ask to have your child's immunizations recorded into Idaho's Immunization Reminder Information System (IRIS). IRIS helps your doctor keep track of which of your child's immunizations are due and when. If you move or change doctors, any enrolled office can retrieve your child's records.

Lead Screening

- Testing in a doctor's office.
 - Lead poisoning doesn't have any signs or symptoms.
 - Lead poisoning can lower a child's IQ and learning capacity.

Your child should be tested at age 12 months and again at age 24 months. All children under the age of 6 should be tested, if they haven't previously been tested.



For information about immunizations, lead screening, or to ask for a copy of "Get the Lead Out" HW-0243, call the Idaho CareLine (2-1-1 or (800) 926-2588).

The Basic Plan also covers the following services:

Chiropractic Services

- Limited to 6 visits during a calendar year.
 - Doesn't pay for x-rays taken by a chiropractor.

Counseling Services

See Behavioral Health Services on page 11.

Dental Services

- Idaho Smiles (DentaQuest) covers the following dental care:
 - Children up to age 21 for basic and preventive dental care, which includes check-ups, x-rays, fillings, oral surgery, orthodontics when necessary, emergency dental care, and other medically necessary treatment.
 - Adults on a Medicaid Enhanced plan, adults age 21 and older, including those who are receiving Aged and Disabled or Developmental Disabilities waiver services can get dental services including exams, fillings, dentures, and other covered services.
 - Pregnant women can receive dental services including exams, fillings, and other covered dental services.
 - All other adults age 21 and older who are not on an Enhanced Medicaid plan are only covered for emergency dental treatments for pain or infection.



For information, call the Idaho Smiles customer service line at (800) 936-0978 or visit their Web site at www.dentaquestgov.com

Which Plan Is Right for Me?

Doctor and Nurse Office Visits

- Exams or treatments by a doctor, physician assistant, or nurse practitioner.
- Surgical and other treatment services performed by a doctor.
- Diagnostic lab and radiology services.

Hearing Services

- Adults
 - Hearing aids for adults are not covered.
 - Hearing tests are covered when your doctor cannot determine the cause for your hearing loss.
- Children up to age 21
 - Children can get replacement hearing aids with prior authorization.
 - Exam and testing once each calendar year when ordered by a doctor.
 - Batteries, follow-up testing, and repairs from normal use.
 - Doesn't pay for lost, misplaced, stolen, or destroyed hearing aids.

Home Health Services

- Ordered by a doctor.
 - Limited to 100 visits during a calendar year, including all visits such as skilled nursing, aide visits, speech language pathology, occupational therapy, and physical therapy.

Hospital Services

- Inpatient Services.
 - Semi-private room, prescription drugs, lab tests, and other services when you're in the hospital.
 - Lab, x-ray, and other tests ordered by your doctor.
 - Physical therapy and other services ordered by your doctor.
 - Your doctor might need to get prior authorization for some hospital services from Medicaid's Quality Improvement Organization. To call, dial (800) 783-9207.



- Outpatient Services.



The emergency room isn't for routine medical care. If you're not sure you have an emergency, call your doctor anytime day or night for

medical advice (see page 25 for more information about emergency room use).

Interpretation Services

- Your dentist, medical doctor, or mental health provider is responsible for providing interpreters if you need help to communicate about your health services. You can't be billed for those services.

Which Plan Is Right for Me?

Continued

Medical Equipment and Supplies

- Prescribed by a doctor.
- Artificial limbs and braces.
 - To replace portions of the body that are weak or missing.
- Special shoes or inserts for diabetics.
- Wheelchairs.
 - You must have a doctor's order and an evaluation by an occupational or physical therapist to determine the most appropriate and the least costly wheelchair to meet your medical needs.

Behavioral Health Services

- Inpatient psychiatric services.
- Outpatient behavioral health services included in the Idaho Behavioral Health Plan program.
 - Includes community-based treatment services to minimize symptoms of mental illness and substance use disorders.
 - Includes assessment and planning, psychological and neuropsychological testing, psychotherapy (individual, group, and family), pharmacologic management, partial care treatment, behavioral health nursing, community-based rehabilitation, substance use disorder treatment services, drug screening, and case management.
 - Services are available when medically necessary to meet an individual's treatment needs.



Treatment services are provided by professionals enrolled in the Optum Idaho provider network. Contact Optum Idaho at (855) 202-0973 or www.OptumIdaho.com for more benefit details.

Podiatry

- Care of your feet and ankles.
 - Limited to severe conditions from your mid-calf down.
 - Limited to treatment for chronic disease related care (such as diabetes) for adults age 21 and older.
 - Doesn't pay for routine treatment of your corns, warts, toenails, etc.

Pregnancy and Family Planning Related Services

- PAP test performed during family planning or at yearly physical.
- Family planning, counseling, prescription, and supplies to prevent pregnancy.
- Sterilization.
 - You must sign legal consent forms at least thirty days in advance. You can have the surgery on the thirty-first day.
 - Doesn't pay for sterilization if the person is under the age of 21, or if the person isn't capable of giving informed consent.

Which Plan Is Right for Me?

- Prenatal, delivery, and postpartum services provided by a doctor, an RN certified nurse midwife, or a licensed midwife.
 - If you're only eligible because you're pregnant, this plan will only pay for your pregnancy and for services related to your pregnancy up to 60 days after your pregnancy ends.
- Doesn't pay for fertility related services.

Prescription Drugs

- Idaho health plans cover medicines prescribed by your doctor unless they're covered by Medicare.
 - Some types of medicines and some brand name prescription drugs require prior authorization. Your pharmacist or provider will know which medicines need prior authorization and will submit the request for you.

- Some non-prescription items are covered if your doctor orders them:
 - Disposable insulin syringes and needles.
 - Shampoo treatment for head lice.
 - Most iron tablets.

Prevention Benefits – Annual Physicals and Well-Child Checks (See page 8).



School-Based Services

- The school might test your child and might determine that your child is eligible for services under an Individualized Educational Plan (IEP) or Individualized Family Services Plan (IFSP).
- With your permission, your child's school can bill Medicaid or CHIP for the services.
- School-based services won't count against the limitations of the other services your child might be getting.

Which Plan Is Right for Me?

Continued

- Ask your child's school if they bill Medicaid or CHIP.
- Give your child's ID number and the name of your child's doctor to the school.
- Tell the school if your child is working with other therapists or doctors.

Substance Use Disorder Services

- Includes inpatient treatment services in a hospital - See Hospital Services on pg. 10.
 - *Outpatient treatment services are available from a substance use disorder agency enrolled in the Idaho Behavioral Health Plan provider network.*
 - *Includes eligibility intake screening, clinical assessment, drug/alcohol testing, individual and group counseling, and limited case management services.*
 - *Inpatient treatment in a residential treatment facility is not included in the Idaho Behavioral Health Plan.*



Contact Optum at
(855) 202-0973
for more information.

- Charges are decided on a sliding-fee scale.
- Doesn't pay for inpatient treatment in a residential treatment facility.
- Must obtain an intake eligibility screening and clinical assessment.

Physical, Occupational, and Speech Therapies

- Covered as an outpatient hospital service, in schools, and by independent therapists.
- Some service limits apply. Your therapist may be able to continue treatment beyond service limits under some circumstances.
- Inform your therapist any time you receive therapy services from another provider to avoid problems with service limits.

Transportation (Non-Emergency)

If you have a medical appointment but you don't have a car, can't operate a car, or don't have a friend or family member who can take you, you can request transportation through Medicaid's non-emergency medical transportation provider, American Medical Response (AMR).

- AMR will review your request and decide if Medicaid will pay for your transportation. AMR will review your request based on the least expensive transportation available and the closest available Medicaid provider or service.
- If you've been referred for medical care outside your community, AMR might ask for a referral from your doctor before they'll schedule your transportation.
- You need to call at least 48 hours before your appointment.

Which Plan Is Right for Me?



Call AMR toll free at
(877) 503-1261.

Vision Services

- For adults age 21 and older.
 - *Limited to treatment for acute needs such as removal of foreign objects in the eye.*
 - *Adults with chronic diseases such as diabetes or glaucoma that require regular eye care can get eye exams once every year.*
- For children under age 21.
 - *The doctor who does the exam might not be the provider who supplies your glasses. Be sure to ask if your doctor orders glasses from the Medicaid supplier.*
 - *Covers frames and lenses when needed.*
 - *Doesn't pay for transition or progressive lenses for any age, or tints unless an extreme condition makes it medically necessary.*

- Contacts.
 - *Contacts are covered if your vision can't be corrected with glasses. Contacts for convenience or cosmetic reasons aren't covered.*
 - *Surgery on the cornea for myopia is not covered.*

Other Covered Services

- Nutritional support therapy when medically necessary and ordered by your doctor.
- Diabetes training.
 - *Limited to 12 individual hours or 24 group hours every five years.*



If you're under the age of 21, you can get additional services if your doctor says they are medically necessary and they are prior authorized by Medicaid. See page 16 for more information on EPSDT services.

What is Preventive Health Assistance?

Preventive Health Assistance (PHA) has two benefits designed to help you and your family live a healthy lifestyle.

Weight Management PHA

To qualify for this benefit, you must complete a health questionnaire, which you can get by calling the PHA unit or printing it from the PHA Web site. The questionnaire must indicate that you or your child over the age of five have a Body Mass Index (BMI) in the obese or underweight range and want to improve your health through weight management.

If you qualify for PHA benefits, you can earn points and use them (one point=\$1) to pay for services that will help you achieve a healthy weight. After you're awarded the points, they can be used at PHA approved businesses.

The maximum benefit is 200 points a year.

Wellness PHA Benefit – If your child is on the Basic Plan and you pay a monthly premium (\$10 or \$15) for your child's medical coverage, you can earn points for keeping your child's well-child checks and immunizations current. Wellness points (one point = \$1) are used to help pay your monthly premiums. You will automatically receive more information if your child is eligible for the Wellness PHA benefit.

Wellness PHA points can't be exchanged for vouchers. Wellness PHA points can only be used to pay your monthly premium.

For more information about PHA, please visit our Web site at www.medicaid.idaho.gov (click on the Preventive Health Assistance link) or call us toll free at (877) 364-1843.



Help Your Child Stay Healthy

Well-Child Checks

Medicaid pays for well-child checks. Well-child checks are routine health checks for your child. They are an important part of keeping your child healthy. They allow time for you, your child, and your child's doctor to get to know one another and address any health concerns you may have about your child. They help your doctor find health problems early, so your child can be treated before they get worse.

Children need well-child checks as indicated below:

Well-Child Check Schedule

Age	✓	✓	✓	✓	✓	✓
Babies	At 1 Week and 1 Month	2 Month	4 Month	6 Month	9 Month	12 Month
1-3 yr	15 months	18 months	24 months	30 months	36 months	
3-19 yr	1 check-up every year					

During a well-child check your doctor should discuss any health concerns you have about your child and do the following activities:

- Do a comprehensive health and development history of your child.
- Do a physical examination which includes measuring your child's height and weight.
- Discuss eating or nursing habits.
- Screen for developmental and behavioral issues.
- Do age appropriate vision, hearing, and dental screens.
- Give any appropriate immunizations.
- Order any needed lab tests.
- Perform a lead test at 12 and 24 months.

Early Periodic Screening, Diagnosis and Treatment (EPSDT)

Medicaid pays for services that are medically necessary for children under the age of 21 who are enrolled in any plan offered by Idaho Medicaid. EPSDT services include screening, preventive

care, diagnostic or treatment services the child needs to lessen or correct physical or mental health conditions even if the service isn't normally covered by the Idaho Medicaid State Plan. Your provider can help you schedule appointments if needed.



If your child needs transportation to an EPSDT appointment, *contact AMR for assistance* (at least 48 hours in advance) at **(877) 503-1261**.

EPSDT services must be prior authorized. Your provider must complete and submit a Request for Authorization (RAS) packet. The packet can be downloaded from our website at: **www.modernizemedicaid.idaho.gov** or requested by emailing:

EPSDTrequest@dhw.idaho.gov



Optum Idaho will process EPSDT requests for outpatient behavioral health services for individuals enrolled in the IBHP. Go to the Optum Idaho website at www.optumidaho.com for more information.

The Enhanced Plan

If you're in this plan, you can get all of the services of the Basic Plan, plus the following services:

Home and Community-Based Services (HCBS)

- Supportive services that help individuals live in their home or community rather than an institution.
- Home and Community Services are available for:
 - Children with developmental disabilities.
 - Adults with developmental disabilities.
 - People who are elderly or have a physical disability.



For more information about HCBS services, contact your local regional program office (see page 32).

Hospice Care

- In-home care for the terminally ill with six months or less to live.

Idaho Behavioral Health Plan (IBHP)

- Outpatient behavioral health services are available to individuals on the Basic or Enhanced Plans.
- See Behavioral Health Services on page 11 of this booklet.

Nursing Homes

- Covered if your doctor says you need to be in a nursing home and the Medicaid Division finds that you need nursing home level-of-care.

Personal Care Services (PCS)

- Services provided in your home.
 - Might help with services that give individuals more independence and a better quality of life in their home or residence.
 - Limited to 16 hours a week.
 - If your medical condition requires more than 16 hours a week, you might be eligible for one of the Home and Community-Based Waivers or EPSDT services for children. For details, call your local Medicaid office (see page 32).

The Enhanced Plan

Service Coordination

If you qualify for service coordination, you'll have a service coordinator to help you gain access and coordinate your necessary care and services.

You can only have one kind of service coordination. If you qualify for more than one kind, you must choose the kind you want. The kinds of service coordination are:

- Targeted Service Coordination.
 - For adults age 18 years old or older with a developmental disability.
 - Requires prior authorization.
- Children with special healthcare needs.
 - Children up to age 21.
 - Must have a medical condition that requires the child to be seen by many service providers.
 - An assessment and service coordination plan must be developed before coordination services can be provided to the child.
 - Service coordination services are based on the service coordination plan and must be prior authorized.
 - If your child is age 0-3, the service coordination agency must work through the Idaho Infant Toddler network of providers.
- Outpatient Behavioral Health Services (IBHP).
 - Service coordination services for children with a serious emotional disorder are offered in the Idaho Behavioral Health Plan. See Behavioral Health Services on page 11 of this booklet.



If you're under the age of 21, you can get additional services if your doctor says they are medically necessary and they are prior authorized by

Medicaid. See page 16 for more information on EPSDT services.

Women's Health Check

Some women might qualify for free breast and cervical health screening. You must be diagnosed with cancer by a Women's Health Check provider to have your cancer treatment paid for. You might qualify if you're:

- Low income.
- Don't have insurance coverage for mammograms or Pap tests.
- Age 50 to 64.
- Age 18 to 49 and haven't had a Pap test in five years or longer, have never had a Pap test, or have symptoms for cervical cancer.
- Referred by a doctor for symptoms suspicious for breast cancer.

Call the Idaho CareLine (2-1-1 or (800) 926-2588) to connect with a Women's Health Check provider to see if you qualify.



Medicaid for Workers with Disabilities

Medicaid for Workers with Disabilities is an optional Medicaid program. Individuals who participate in Medicaid for Workers with Disabilities get the same services they would under the Enhanced Plan. This option also:

- Allows working Idahoans with disabilities to get Medicaid benefits by paying a sliding-scale premium which is based on their income.
- Allows Idahoans with disabilities to continue working or seek competitive employment without having to worry about losing health care coverage.
- Encourages Idahoans with disabilities to:
 - Increase independence.
 - Reduce dependence on public assistance.

Who is eligible for Medicaid for Workers with Disabilities?

You are eligible to participate if you:

- Are at least 16 years old, but under age 65.
- Have a disability.
- Are working or self-employed.
- Have a countable income that is less than 500% of the Federal Poverty Guideline.
- Have a gross earned income that is at least 15% of your total gross income.
- You have countable resources that are less than \$10,000 for an individual or \$15,000 for a couple.

How much will my premium be?

You might have to pay \$0, \$10, or up to 7.5% of your income, depending on how much you make. For more information, call (877) 456-1233.

The Medicare-Medicaid Coordinated Plan

The Medicare-Medicaid Coordinated plan is an optional plan that is available in most counties. You can participate in this plan if you are:

- Over age 21
- Enrolled in Medicare Parts A and B
- Enrolled in the Enhanced Medicaid Plan

If you are eligible and choose to enroll, you'll have a Care Coordinator to help you get the services that are right for you. This plan provides coordinated Medicare and Medicaid benefits into one benefit plan, including:

- Hospital
- Physician and Specialist Services
- Skilled Nursing Facility Services
- Intermediate Care Facility for the Intellectually Disabled
- Prescription Drugs
- Durable Medical Equipment and Supplies
- Dental
- Vision
- Behavioral Health
- Personal Care Services
- Aged and Disabled Waiver Services

The Medicare-Medicaid Coordinated Plan also offers some services that are over and above original Medicare or Medicaid, including Care Coordination and access to a 24-hour Nurse Advice Line.

There is no premium or cost to join the plan but if you currently have a share of cost for waiver services or pay a premium for Part D prescription drugs, these costs will not change.

If you would like more information about the plan or would like to enroll, please visit www.truebluesnp.com or call Blue Cross of Idaho at (888) 495-2583.



Healthy Connections

Idaho Medicaid provides primary and specialty care services through a managed care system. The Healthy Connections Program will help you access medical care and manage your health care needs. Enrollment in Healthy Connections is required for most participants.

Enrollment

- If you already have a primary care provider, you can continue to go to that provider.
- If you don't have a primary care provider, you'll need to choose one who participates in the Healthy Connections Program.
- There's a list of primary care providers you can choose from at www.healthyconnections.idaho.gov.



Make an appointment with your primary care provider as soon as you're enrolled in the Healthy Connections Program. Otherwise, your primary care provider may not be able to make referrals for your care.

- If you don't choose one, Idaho Medicaid will match each family member with a participating provider.
- Your primary care provider will provide all of your basic health care needs, refer you to a specialist when necessary, or refer you to the hospital if needed.
- You can change your Healthy Connections information by calling us as soon as you know you're changing. Most changes will be effective the day the Healthy Connections Program is notified.
- You'll get a letter in the mail confirming enrollment or changes with your primary care provider. Please read it carefully and call Healthy Connections if you have questions.
- You should call your primary care provider anytime you need medical advice, even after hours or on holidays.

Healthy Connections

Referrals

You might not be able to get a referral for other health care services if you haven't seen your primary care provider. If you are enrolled in the Idaho Behavioral Health Plan (IBHP), you aren't required to get a Healthy Connections referral for your outpatient behavioral health services. It's your responsibility to call your primary care provider to find out if you need to be seen before a referral can be made. It's very important for you to:

- Talk with your primary care provider before going to another provider or getting other medical services.
- Have a referral before you go to a provider who isn't your primary care provider or you might have to pay the bill.
- Contact the provider's office you're referred to right away to make an appointment and establish care.
- Understand that a referral does not change or stop just because your primary care provider changes.

You don't need a referral from your provider for:

- Acute medical services delivered in a school-based health center.
- Anesthesiology services.
- Audiology services.
- Children's developmental disability services.
- Chiropractic care.

- Dental care.
- Emergency services.
- Family planning.
- Flu shots (without an office visit).
- Hospital admissions through the emergency room.
- Immunizations (without an office visit).
- Intermediate care facility/intellectually disabled services (developmentally disabled).
- Indian health clinic visits.
- Infant & Toddler Program service.
- Laboratory services.
- Mental health services.
- Nursing facility services.
- Outpatient mental health services.
- Personal care services case management.
- Personal care services.
- Pharmacy services.
- Perscription drugs.
- Podiatry (foot care) in podiatrist's office.
- Pregnancy related services when provided or ordered by an OB specialist.
- Radiological services.
- Screening mammograms (40 or older).
- Substance use disorder services.
- Tests for sexually transmitted diseases.
- Urgent care visits when your primary care provider's office is closed.
- Vision services.
- Waiver services for the aged and disabled or those with traumatic brain injury.

Primary Care Program

Call the Primary Care Program

- If you need help choosing a primary care provider.
- If you want to change your primary care providers.
- If you're moving to a new area call the Primary Care Program to find a new primary care provider. Otherwise, you'll have to get a referral from your previous provider to get care in your new area.



Call the Family Medicaid customer service line toll free at **(866) 326-2485** to report address changes.

Be a good patient!

- Call in advance for an appointment. You might not get an appointment the same day you call.
- When you make an appointment or seek care from any health care provider who bills Medicaid, tell them you're enrolled in Healthy Connections.
- Show your ID card and any other insurance card at every appointment (see page 29 for information about reporting changes in other insurance).

- When scheduling an appointment, tell the receptionist how many family members need to be seen and the reason so enough time can be scheduled for each appointment.
- Be on time to your appointments.
- Follow your treatment plan.
- If possible, avoid bringing your children to an appointment unless the appointment is for them.
- Call if you need to cancel your appointment, at least 24 hours in advance when possible. Your primary care provider can choose to stop providing care to you or a family member if you miss appointments or don't follow your treatment plan.

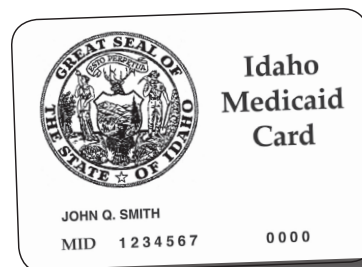
Primary Care Program grievance procedure

Call your local Healthy Connections Program to talk about concerns or questions you have. If the Healthy Connections Program can't fix the issue, you have the right to file a written grievance with them. We'll review your problem again and you'll get an answer in writing.

If you're still not satisfied, you have the right to file for a hearing. You can ask for a hearing by writing directly to the address on your grievance response letter.

Your Identification Card

The first time you're found eligible for Idaho health insurance coverage, you'll receive a permanent identification (ID) card.



Your card will come in the mail. It's important that you call your local Health and Welfare office if you don't receive your card within 14 days after you get the letter telling you that you're eligible.



If you lose your card, call the Family Medicaid customer service line at **(866) 326-2485** or the Molina Medicaid Solutions participant line at **(866) 686-4752**.



Remember, your ID card is permanent. Don't throw it away, keep it!

- If you lose benefits and then get benefits again, you'll use the same card and ID number.

- Keep your card in your purse or wallet so that you'll have it with you to show to your doctor, dentist, or pharmacy. You might have to show picture ID in addition to your Medicaid card.
- Always show your ID card and ask before you get medical services if the provider will accept your ID card as payment. Ask even when your doctor refers you to a specialist. Not all doctors accept the Idaho Health Plan.
- The state's payment for services is considered payment in full, regardless of the billed amount.

Important – Report name changes to your local Health and Welfare office or by calling (866) 326-2485. Your card might not work at providers' offices if you're going by a different name than what appears on your ID card.

When to Use the Emergency Room (ER)

*You should call your doctor for advice if you or your family member get sick or injured. If you're not sure you have an emergency, call your doctor for advice anytime. If your primary care doctor's office is closed, it's okay to go to an urgent care facility without a referral from your doctor. Your medical records from these visits will be supplied to your primary care doctor. **It's important to remember that an urgent care facility is not the same as the ER.***

Co-Payments for using emergency services

You might have to make a co-payment for using emergency services when you don't have an emergency medical condition. It's important to only use emergency services, like the hospital ER and ambulance services, when they're really needed. You can help keep Medicaid costs down by using appropriate services and working with your Healthy Connections doctor.

The American College of Emergency Physicians and The American Academy of Pediatrics have each listed warning signs to help you decide if you should go to the ER. Those two lists are compiled here:

- Difficulty breathing or shortness of breath
- Chest or upper abdominal pain or pressure
- Fainting, sudden dizziness, and weakness
- Changes in vision
- Confusion or changes in mental status
- Any sudden or severe pain
- Uncontrolled bleeding
- Severe or persistent vomiting or diarrhea
- Coughing or vomiting blood
- Suicidal feelings

- Difficulty speaking
- Unusual abdominal pain
- Neck stiffness or rash with fever
- Fever in a newborn
- Head injury with loss of consciousness, confusion, headache, or vomiting
- Burns
- Poisoning



Call your poison control center at: (800) 222-1222 or (800) 860-0620 at once if your child has swallowed a suspected poison or another person's medication, even if your child has no signs or symptoms.



Call your pediatrician if you think your child is ill. Call 9-1-1 for help if you're concerned that your child's life might be in danger or that your child is seriously ill or injured.

In addition, every parent should be prepared. Part of that preparation includes learning CPR and basic first aid. For classes near you, contact your pediatrician, the American Red Cross, or the American Heart Association.

Important Information to Remember

- Emergency rooms and ambulances can charge you a co-payment for using these services when the situation isn't an emergency.
- The emergency room is not an appropriate place to get routine care, call your primary care provider first, or call the Primary Care Program if you need a primary care provider.
- Medicaid is partnering with primary care providers to identify participants who misuse or abuse emergency services.

What is Prior Authorization?

Prior authorization means you or your provider must get approval from Medicaid or its representatives before you get a service, or you might have to pay the bill.

Usually your doctor, healthcare provider, or pharmacist will request prior authorization for you. You might have to request prior authorization for yourself or your family for other services like transportation.

Prior authorization is different than a Healthy Connections referral:

- A prior authorization is approval from the Department for specific services.
- A Healthy Connections referral is approval from your primary care doctor for services.

You or your provider will need to get prior authorization for the following list of services:

- Transportation through AMR for non-emergency medical services.
- Some medical equipment and supplies.
- Home and Community-Based Waiver Services.
- Some inpatient and outpatient hospitalizations or medical procedures.
- Some vision services.
- Some dental services.
- Personal care services.
- Private duty nursing.

- Physical, occupational, and speech therapy – beyond service limits.
- Some medicines and most brand name drugs when generics are available.
- Developmental disability agency services.



Outpatient behavioral health services offered through the Idaho Behavioral Health Plan may require prior authorization. For more information, please go to www.optumidaho.com.

There might be other services not listed that need prior authorization. Your doctor or health care provider usually knows when you need prior authorization, but if you have questions call (888) 239-8463.



If a service requires prior authorization, you must get it from Medicaid before getting the service.

Important Information

Your Rights

When you're eligible for Idaho's health insurance plan coverage, you have certain guaranteed rights.

You have the right to fair treatment

You have the right to all covered benefits without regard to race, color, national origin, disability, sex, or age.

If you believe that anyone in Health and Welfare has discriminated against you because of your race, color, national origin, disability, sex, or age, **you can file a complaint by contacting:**

Civil Rights Manager
Idaho Department of Health and Welfare
PO Box 83720
Boise, Idaho 83720-0036
(208) 334-5617 (voice) or
(208) 334-4921 (TDD)

You can also file a complaint by contacting:

U.S. Department of Health and Human Services (HHS)
Director, Office for Civil Rights
Room 506-F, 200 Independence Avenue, S.W.
Washington, D.C. 20201
(202) 619-0403 (voice) or
(202) 619-3257 (TDD)

HHS is an equal opportunity provider and employer.

You have the right to timely and accurate notice

Written notifications must be mailed to you before your eligibility is ended.

You have the right to make decisions about your health care

Your provider must discuss your options with you before you start medical treatment.



You should let your family and your doctor know your wishes before you become too ill to make a decision about your medical treatment. *For a Living Will and a Durable Power of Attorney for Health Care, go to www.healthandwelfare.idaho.gov* (click on the Medical link then Certified Family Homes on the right side of the page).

You have the right to file an appeal



This is very important!
If you disagree with a decision regarding your **eligibility** coverage, or if you feel that your medical needs have not been properly met, you can file an appeal. If you need file an appeal for outpatient behavioral health services that are included in the Idaho Behavioral Health Plan, you should file it with Optum Idaho. To request an appeal, contact your regional office and ask for a "Fair Hearing Form." Complete the form and send it and a copy of the disputed notice to the address below. For eligibility appeals, the Department of Health and Welfare must receive your appeal in writing within 30 days from the date the notice was mailed.

For appeals of **denied services**, the Department of Health and Welfare must receive your appeal in writing within 28 days.

If the Department receives your appeal within the 28 days, they'll review the decision. This review might include a hearing. If the Department receives your appeal after the 28 days, you lose the right to appeal.

Send your appeals to:
Hearing Coordinator
Idaho Department of Health and Welfare
PO Box 83720
Boise, ID 83720-0036

If a hearing is scheduled, you'll receive a letter with the location and time of your hearing. During the hearing, you can have anyone you want present to represent you. You don't need an attorney but you can hire an attorney at your own expense if you want one.

Fraud, Abuse, and Misuse



Everyone in your family who's eligible for health benefits will get their own Medicaid card with their name listed on the card. It's against the law for anyone else to use the card.

If you knowingly break rules, you can lose your coverage. You can also be prosecuted and you might have to pay for the benefits you received but weren't entitled to.

If you think someone who's getting assistance from the state is abusing the programs or you think a provider is improperly billing for

services they haven't provided, you should report this to Medicaid.



*To report participant fraud, call the Idaho CareLine at **2-1-1** or **(800) 926-2588**.*

To report provider fraud, download the complaint form at www.healthandwelfare.idaho.gov (click on the Provider link then on File a Fraud Complaint). Fill out the form and mail it to:

Medicaid Fraud & Program Integrity Unit
Bureau of Audits & Investigations
PO Box 83720
Boise, Idaho 83720-0036
or FAX it to **(208) 334-2026**.

Estate Recovery

When you get Medicaid benefits and are over 55, you can't give your property away to others.

After you and your spouse pass away, your money and property will be used to repay Medicaid.

Under certain conditions, your children can request a Hardship Waiver.

*For more information call the Medicaid Recovery Office at **(866) 849-3843**, or call the Idaho CareLine **(2-1-1)** or **(800) 926-2588** and ask for a copy of "Property Liens and Estate Recovery" #HW-0474.*



Other Medical Insurance

If you have Medicare, Blue Cross, Blue Shield, or any other medical insurance, you must tell your Health and Welfare worker. Your other insurance must pay before Medicaid will pay. If your insurance has changed or stopped, you need to give your Health and Welfare worker your new insurance plan information or say why you stopped your insurance. If you don't, your children might not be able to get Idaho health insurance plan coverage.



For instructions about how to pay Medicaid, call the Financial Recovery Unit at (208) 287-1150 or the Department's third party recovery contractor – (HMS) in the Boise area at (208) 375-1132 or toll free at (800) 873-5875.

Health Insurance Premium Payment Program (HIPP)

If you have Medicaid and have other health insurance available, such as employer sponsored group coverage, ask your Health and Welfare worker about HIPP. If you or your children qualify, the Department might pay the premiums, deductibles, and co-payments for your other insurance.

For more information, call the Idaho CareLine (2-1-1 or (800) 926-2588) and ask for publication #HW-0905 Health Insurance Premium Payment.



If your primary insurance ends or changes, call Health Management Systems (HMS) at (208) 375-1132, option 0, or toll free at (800) 873-5875. HMS has no control over your benefits. For information about benefits, call Molina Medicaid Solutions participant line at 1(866) 686-4752.

If Medicaid pays a bill and you get money from your other insurance, you must give the money to Medicaid. You're responsible for helping Medicaid collect money from another insurance plan or a responsible person such as a non-custodial parent. The provider of the services will need to re-bill or do an adjustment.

Application and Customer Service Information

Family Medicaid

150 Shoup Ave., Suite 5
Idaho Falls, 83402

(866) 326-2485

FAX (208) 528-5980

Long Term Care

No office locations available

(866) 255-1190

FAX (208) 799-5048

Customer Service Line and Application Processing Center Department of Health and Welfare

PO BOX 83720
Boise, ID 83720

Local Healthy Connections Offices

Local offices can tell you about available primary care doctors in your area and help you with changes or questions about Healthy Connections (see pages 21 & 22 for specific program information). For more information, please visit our Website at

www.healthyconnections.idaho.gov.

Region 1 – Coeur d’Alene

Bonewah, Bonner, Boundary, Kootenai, and Shoshone counties

1120 Ironwood Dr., Suite 102,
Coeur d’ Alene, ID 83814

(208) 666-6766 or (800) 299-6766
FAX (208) 769-1473

Region 2 – Lewiston & Moscow

Clearwater, Idaho, Latah, Lewis, and Nez Perce counties

1118 F St., Lewiston, ID 83501

(208) 799-5088 or
(800) 799-5088
FAX (208) 799-5167

Region 3 – Caldwell, Nampa, & Payette

Adams, Canyon, Gem, Owyhee, Payette, and Washington counties

3402 Franklin Rd., Caldwell, ID 83605, or 515 N. 16th St.,
Payette, ID 83661

(208) 642-7006 or (208) 455-7244 or
(888) 528-5861
FAX (888) 532-0014

Region 4 – Boise

Ada, Boise, Elmore, and Valley counties

1720 Westgate, Suite B, Boise, ID 83704
(208) 334-4676 or (888) 528-5861
FAX (888) 532-0014

Region 5 – Twin Falls & Burley

Blaine, Camas, Cassia, Gooding, Jerome, Lincoln, Minidoka, and Twin Falls counties

601 Poleline Rd., Suite 3,
Twin Falls, ID 83301

(208) 736-4793 or (800) 528-5861
FAX (888) 532-0014

Region 6 – Pocatello

Bannock, Bear Lake, Bingham, Caribou, Franklin, Oneida, and Power counties

1090 Hiline Rd., Suite 202,
Pocatello, ID 83201

(208) 235-2927 or (888) 528-5861
FAX (888) 532-0014

Region 7 – Idaho Falls

Bonneville, Butte, Clark, Custer, Fremont, Jefferson, Lemhi, Madison, and Teton counties

150 Shoup Ave., Suite 4,
Idaho Falls, ID 83402

(208) 528-5794 or (888) 528-5861
FAX (888) 532-0014

Healthy Connections Customer Service

Toll free: (888) 528-5861

Espanol: (800) 378-3385

FAX: (888) 532-0014

Email: hccr7@dhw.idaho.gov

Regional Program Offices

Local offices help with developmental disability service applications, home and community-based waivers, and children’s services.

Region 1 – Coeur d’ Alene

1120 Ironwood Dr.
Coeur d’ Alene, Idaho 83814
(208) 769-1567

Region 2 – Lewiston

1118 F Street
Lewiston, Idaho 83501
(208) 799-4430

Region 3 – Caldwell

3402 Franklin Rd.
Caldwell, Idaho 83605
(208) 455-7150

Region 4 – Boise

1720 Westgate Dr.
Boise, Idaho 83704
(208) 334-0940

Region 5 – Twin Falls

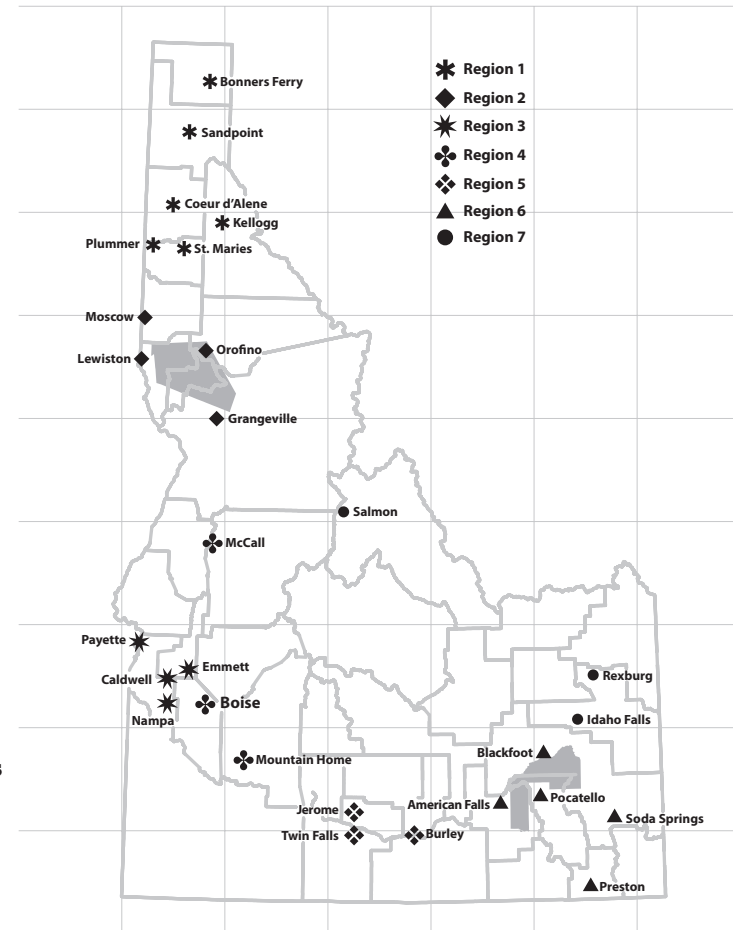
601 Poleline Rd.
Twin Falls, Idaho 83301
(208) 736-3024

Region 6 – Pocatello

1070 Hiline Road
Pocatello, Idaho 83201
(208) 239-6260

Region 7 – Idaho Falls

150 Shoup Ave.
Idaho Falls, Idaho 83402
(208) 528-5750





IDAHO DEPARTMENT OF
HEALTH & WELFARE

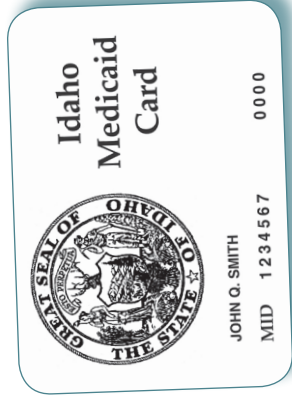
P.O. Box 83720
Boise, Idaho 83720-0036

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A Benefits Guide to Medicaid & CHIP

To:



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